

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-000000-000000

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2001-2002 \$ 169,000 PJD
b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A pgs. 2-10
Limits on Attachment 3.1-A pgs. 9, 10, 10a, 10b
Attachment 4.19-B pgs. 43&44, 45
Attachment 3.1-B pg 2a
Limits on Attachment 3.1-B pgs 9 & 10, 10a, 10b
PJD9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A pgs 2-3 PJD
Limits on Attachment 3.1-A, pgs 9 & 10
N/A
Attachment 3.1-B pg 2a
Limits on Attachment 3.1-B,
pgs. 9 & 10, PJD

10. SUBJECT OF AMENDMENT:

Add sign language interpreter services as a Medi-Cal covered service
for deaf or hearing impaired beneficiaries.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:The Governor's Office does not
wish to review amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

GAIL L. MARGOLIS

14. TITLE:

DEPUTY DIRECTOR, MEDICAL CARE SRVCS.

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Services
Medi-Cal Policy Division
Medi-Cal Benefits Branch
Attn: State Plan Coordinator
714 P Street, Room 1640
Sacramento, CA 95814

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 29, 2000

18. DATE APPROVED:

8/24/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

Pen-and-ink changes to HCFA-179 confirmed with DHS.
Pat Daley

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Provided ☐ No limitations ☒ With limitations*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

☐ Provided ☐ No limitations ☒ With limitations*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

☐ Provided ☐ No limitations ☒ With limitations*

- 5.a.1 Sign language interpreter services (in connection with physician's services).

☒ Provided ☐ No limitations ☒ With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☐ Provided ☐ No limitations ☒ With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services

☐ Provided ☐ No limitations ☒ With limitations*

* Description provided on attachment.

TN No. 00-026

Supersedes

TN No. 93-014

Approval Date AUG 27 2001

Effective Date OCT - 1 2000

STATE PLAN CHART

(Note: This chart is an overview only.)

Limitations on Attachment 3.1-A
Page 9

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b Early and periodic screening, diagnosis, and treatment services, and treatment of conditions found.	<p>Covered for Medi-Cal eligibles under 21 years of age when provided through Child Health and Disability Prevention Program.</p> <p>Includes rehabilitative mental health services for seriously emotionally disturbed children: collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day care intensive, and day care habilitation offered in local mental health clinics or in the community.</p>	<p>Prior authorization is not required.</p> <p>Medical necessity is the only limitation.</p>
4c. Family planning services and supplies for individuals of child bearing age.	Covered as physician and pharmaceutical services.	<p>Prior authorization is not required, and informed consent must be properly obtained for all sterilizations.</p> <p>Sterilization of persons under 21 years of age is not covered.</p>
5a Physicians' services	As medically necessary, subject to limitations; however, experimental services are not covered.	Physician services do not require prior authorization except as noted below:

* Prior authorization is not required for emergency service.

** Coverage is limited to medically necessary services. Services are available equally to the categorically needy and medically needy.

TN No. 00-026

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STATE PLAN CHART

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Limitations on Attachment 3.1-A
Page 10

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
	Procedures generally considered to be elective must meet criteria established by the Director.	Outpatient medical procedures such as hyperbaric O ₂ therapy, psoriasis day care, apheresis, cardiac catheterization, and selected surgical procedures (generally considered to be elective) are subject to prior authorization. Prior authorization is required for the correction of cosmetic defects.
	Orthoptics and pleoptics (eye exercises for the purpose of treating focusing problems using both eyes) are not covered. (Orthoptics relate to problems with the muscles that move the eyes, while pleoptics relate to problems with the retina.)	Inhalation therapy when not personally rendered by a physician requires prior authorization. All sterilizations require informed consent.
	Psychology, physical therapy, occupational therapy, speech therapy, audiology, optometry, and podiatry when performed by a physician are considered to be physician services for purposes of program coverage.	Prior authorization is required for psychiatric services in excess of 8 services in each 120-day period and injections for allergy desensitization, hyposensitization, or immunotherapy by injection of an antigen to stimulate production of protective antibodies in excess of 8 in any 120-day period.

* Prior authorization is not required for emergency service.

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Limitations on Attachment 3.1-A
Page 10a

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
5a.1 Sign language interpreter services.	Sign language interpreter services may be provided in a medical setting by certified or non-certified interpreters who have been selected by the beneficiary or the Medi-Cal provider to deaf or hearing-impaired beneficiaries; or to an adult who is deaf or hearing impaired when necessary to facilitate medically necessary services to a beneficiary. Title 22 California Code of Regulations section 51309.5 allows reimbursement to physicians and physician groups that have fewer than 15 employees. This provision is consistent with the definition of "small health, welfare, or other social service providers" found in Title 45 Code of Federal Regulations, section 84.22.	Sign language interpreter services are not covered for a beneficiary who is receiving services in a health facility that is required by federal regulation 45 Code of Federal Regulations section 84.52 to provide such services.
5b Medical and surgical services furnished by a dentist.	As required, with certain exceptions. Noncovered services include orthodontic services, cosmetic procedures, experimental procedures.	Dental services are currently provided through contract with Delta Dental Plans of California (DDPC). DDPC approves and provides payment for covered services. Prior authorization by DDPC is required on a limited basis for restorative dentistry and dentures, periodontal, endodontia services, and laboratory-processed crowns.

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TN No. 00-026
Supercedes TN No. N/AApproval Date: AUG 27 2001Effective Date: OCT - 1 2000

STATE PLAN CHART

(Note: This chart is an overview only.)

Limitations on Attachment 3.1-A
Page 10b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
Medical care and any other type of remedial care recognized under State law.		
6a. Podiatrists' services.	<p>Routine nail trimming is not covered.</p> <p>Inpatient services are covered only on written order of the physician or podiatrist who admits the patient to the hospital, and only when the period of hospital stay is covered by the program.</p> <p>Podiatry services are limited to treatment of disorders of the feet which complicate, or are secondary to, chronic medical diseases or which significantly impair the ability to walk.</p>	<p>Routine office visits do not require prior authorization. All other podiatry services are subject to prior authorization, except emergencies.</p> <p>All services provided in SNFs and ICFs are subject to prior authorization.</p>

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TN No. 00-026
Supersedes TN No. N/A

Approval Date: AUG 27 2001

Effective Date: OCT - 1 2000

Revision: HCFA-PM-93-5 (MB)
May 1993

ATTACHMENT 3.1-B
Page 2a
OMB No.:

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): _____

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

_____ Provided _____ No limitations X With limitations*

5.a.1 Sign language interpreter services (in connection with physician's services).

X Provided _____ No limitations X With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

_____ Provided _____ No limitations X With limitations*

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Limitations on Attachment 3.1-B
Page 10a

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

Reimbursement methodology for sign language interpreter services for the deaf or hearing-impaired as described in Title 22, California Code of Regulations, Section 51503.3.

1. Reimbursement rates have been established for sign language interpreter services, based on a specific unit of time and shall be reimbursed only when the sign language interpreter service has actually occurred on behalf of a Medi-Cal beneficiary, and when it is incident to another Medi-Cal service billed by a physician as a means of providing effective, accurate and impartial communication, as determined by the beneficiary and the provider, in a medical setting.
2. Reimbursement rates have been established and shall be paid on an hourly rate for a minimum of two hours. Services in excess of two hours shall be paid in 15 minute increments based on an hourly rate, exclusive of mileage as described in number 8. The two-hour minimum is the standard minimum currently charged by sign language interpreters. In order to ensure participation of this group in the Medi-Cal Program, it is necessary to meet this standard.
3. Sign language interpreters who provide interpreter services to the deaf or hearing-impaired can be either certified or non-certified interpreters as defined in Title 22, California Code of Regulations, Section 51202.5.
4. A separate and distinct rate has been established for the certified and the non-certified interpreter.
5. Only small Medi-Cal providers, who employ less than fifteen (15) employees, are eligible for reimbursement as a "medical assistance" cost for sign language interpreter services.
6. The certified sign language interpreter rate shall be calculated based on the State's civil service pay scale, using the civil service classification code number 9820 titled, Support Services Assistant (Interpreter,) and the maximum monthly salary rate for the classification of \$2,760.00.

TN No. 00-026

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

7. A 30 percent benefit factor of \$828.00 consisting of Old Age Security Disability Insurance, Health Insurance and Retirement is added to the maximum monthly salary rate to equal \$3,588.00. This amount is divided by the actual number of hours worked of 148 hours to equal \$24.24.

The 148 hours is arrived at as follows:

40	Hours in a work week
52	Multiplied by the number of weeks in a year
2,080	Equals number of hours in a year
120	Less vacation hours @ three weeks per year
80	Less sick leave hours @ two weeks per year
104	Less holidays @ 13 days per year
1,776	Equals work hours per year
12	Divided by months per year
148	Equals work hours per month

8. Reimbursement for sign language interpreter services shall be for a minimum of two hours of service. The two hour rate is calculated as follows:

\$24.24	Hourly salary & benefits
2.0	Multiplied by number hours/visit
\$48.48	Equals salary & benefits/visit
\$13.00	Plus estimated mileage @ 50 miles round trip--0.26 cents per mile
\$61.48	Equals base rate/visit
\$1.05	Multiplied by agency referral add-on factor (\$3.07)
\$64.55	Equals rate/visit, certified interpreter
60%	Multiplied by average fee differential
\$38.73	Equals rate/visit, noncertified interpreter

Additional sign language interpreter services shall be billed in 15-minute increments as follows:

\$6.06	Hourly salary & benefits—15 minute increments (\$24.24 per hour)
1.05	Multiplied by agency referral add-on factor (\$0.30)
6.36	Each additional 15-minutes, certified interpreter
60%	Multiplied by average fee differential
\$3.82	Each additional 15-minutes, noncertified interpreter

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

9. Only physician and physician groups can bill Medi-Cal for sign language interpreter rates for deaf or hearing-impaired beneficiaries when another Medi-Cal service has been rendered. Physician and physician groups are responsible for making payment to the sign language interpreter. Regulations governing reimbursement for sign language interpreter services will be amended to require that a physician/physician group maintain files, in accordance with title 22 California Code of Regulations section 51476, that shall contain records of reimbursements made to sign language interpreters.
10. The Department will ensure "free care" and "third-party liability" requirements are met.
11. Limitations have been established to ensure that physicians and physician groups do not claim for these charges inappropriately.

Certified and non-certified sign language interpreter services for a basic, two-hour minimum are limited to one per day, per provider, per beneficiary. Each additional 15 minute increment when the interpreter service exceeds the basic two-hour minimum service due to lengthy or multiple medical appointments, is limited to a total of 24 increments per provider, per beneficiary, per day. System changes have been established to track specific procedure codes entered on claims submitted for reimbursement.

TN No. 00-026

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